

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Reynolds

Mailing Address One St Joseph Drive

City

Lexington

State

KY

Zip Code

40504-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Joseph Hospital

Occupation

Vice President/ Medical Affairs & Qual

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : 21764640

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy Howell Agee

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 21765830

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City

Richmond

State

VA

Zip Code

23233-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Hospital & Healthcare Associa

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 09 / 2014

Transaction ID : 21765831

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00